

CITY OF TROY
PO BOX 823
TROY, MONTANA 59935
406-295-4151

ALCOHOL BEVERAGE LICENSE APPLICATION

BUSINESS NAME:
MAILING ADDRESS:

PHYSICAL ADDRESS:

TELEPHONE NUMBER:

OWNER:

OWNER'S ADDRESS:

OWNER'S TELEPHONE NUMBER:

TYPE OF BUSINESS:

NUMBER OF EMPLOYEES:

TWO BUSINESS OR PERSONAL REFERENCE:

NAME	PHONE
_____	_____
ADDRESS	

NAME	PHONE
_____	_____
ADDRESS	

ANNUAL LICENSE FEE FOR THE PERIOD:

7-1-20_____ to 6-30-20_____ DUE: \$

PLEASE RETURN THIS FORM AND PAYMENT OF LICENSE FEE TO THE CITY OF TROY.

THANK YOU

DATE: _____ SIGNED: _____

DATE RETURNED: _____

RECEIPT NO: _____

LICENSE # _____